

LEAGUE OF FRIENDS OF FAIRFORD HOSPITAL
(Reg Charity No 1006416)

Lloyds Chambers High St. Lechlade GL7 3AE
<http://www.friendsoffairford.org.uk/>

League of Friends 100 Club

APPLICATION FORM 2017

I wish to apply to join The League of Friends of Fairford Hospital 100 Club and I am over 16 years of age.

PLEASE PRINT USING BLOCK CAPITALS	
Name:	
Address:	
	Postcode:
Tel No:	
Email Address:	

I attach a cheque for £12 made out to “The League of Friends of Fairford Hospital”.

If you wish to apply for more than one number, please amend the cheque accordingly.

Please forward the application form and cheque before the 31st December 2016 to:

**Paul O’Shaughnessy, Treasurer, Scissor Cottage, Turville Barns, Eastleach,
Cirencester, GL7 3QB.**

Signed:	Date:
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If you wish to set up a Standing Order for an annual subscription to The 100 Club please complete the following bankers order form and return it with this application form.

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League of Friends 100 Club

Banker's Order

To.....Bank

Branch.....

.....

(Address of your bank including the postcode)

Please pay to Lloyds Bank plc, Fairford Branch, High Street, Fairford,
Gloucestershire, GL7 4AD (30-92-06) for the credit of the League of Friends of
Fairford Hospital Account Number 01093698 the sum of;

£.....(amount in words).....

on.....and thereafter **ANNUALLY** until I instruct you otherwise.

REF:100 CLUB

Your Account Number:	Your Sort Code:
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Account in the Names(s) of.....
(In Capitals)

Signature.....Date.....